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ABSTRACT

To generate information about the association between child care and child abuse prevention and identification, a statewide survey was made of a sample of program directors in child care centers, program coordinators in alternative payment programs, and directors of family child care satellite programs in California. Detailing the background, methods, and results of the survey, this report examines five separate areas important to subsidized care providers in their work with abused, at-risk, and neglected children and their families: (1) the identification and reporting of child abuse; (2) the interaction between child care programs and other children's services; (3) child care and families of abused, neglected, or at-risk children; (4) child care staff and the identification of child abuse; and (5) inadequate reimbursement for services needed by families with child abuse and neglect problems. Based on the survey results, several recommendations were formulated and are presented in this report. Questionnaires, survey data, notes on sample characteristics, and an information sheet on child care in California are appended, along with a glossary of related terms. (RH)

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The Role of Child Care in Child Abuse Prevention

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THE ROLE OF CHILD CARE IN CHILD ABUSE PREVENTION

I. BACKGROUND OF THE SURVEY

Since the 1920's, one major reason that public policy has supported child care is the perception that child care services protect children from abusive or negligent home situations. For many, child care has been a social service, a part of a continuum that includes respite care, foster care, "children's homes," adoptions, and youth correctional facilities.

In 1976, as part of the Alternative Child Care Act, the California State Legislature and the Governor supported legislation to pilot new eligibility and priority rules for subsidized child care. The pilot programs gave first priority (and immediate enrollment if space was available) to any abused or neglected child referred for child care, regardless of the family's income. In 1980, legislation extended this priority to all state-subsidized child care and development programs.

II. PURPOSE OF THE SURVEY

During 1984 hearings on legislation to expand child care services, legislators repeatedly asked about the ability of subsidized programs to enroll children who are abused or neglected. At the same time, media coverage of the McMartin Preschool case sensationalized a negative link between child abuse and child care settings.

Concerned about the public impact of the McMartin Preschool child abuse allegations in Manhattan Beach, the Committee decided to gather information about the relationship between child care centers and child abuse prevention.

Discovering there was little information available on the association between child care and child abuse, two CDPAC subcommittees joined together (Child Abuse Subcommittee and Public Resources Subcommittee) to conduct a statewide survey. The purpose of the survey was to determine the actual role of child care in child abuse identification and prevention.

The two primary goals of the survey were:

1. To gather baseline data on the effectiveness of child care programs in the prevention, identification, and treatment of abuse.

2. To assess the status of the relationship between child care programs and other social services programs for children.

Directors' Reactions to the Survey

Respondents expressed appreciation for the survey stating the interviews gave them their first opportunity to "tell someone" both the positive and negative sides of the situation.

"this is the first attempt to see if it's working"

"we are so glad you are doing this"

"thank you for asking me"

"thanks - we mean it - thanks!"

"we are in need of help - everywhere in the State"

These comments, although subjective, typified the enthusiasm the interviewers found in the field.

The survey sparked a lot of emotion, especially when asked "HAVE YOU IDENTIFIED ANY ABUSED, NEGLECTED OR AT RISK CHILDREN IN THE PAST 12 MONTHS? IF SO, HOW DID YOU IDENTIFY THESE CHILDREN?"

Respondents had a lot to say and often commented they had a real need to "talk" to someone about this. During the field test, it was clear that the interview could easily be lost after this point. Those responding found it difficult to answer questions, and they asked questions they themselves had bottled up. They expressed their need for more open communication with Child Protective Services (CPS) and with law enforcement, often attempting to recount case upon case of unsolved problems and difficulties they or their staffs had faced. Many asked for help.

Because of these experiences during the field test, interviewers received instructions to refer respondents (depending on their question) to local CPS units, child care Resource and Referral Agencies or the Advisory Committee office.

Interviewers expressed concern over what appeared to be a high stress level of these site supervisors and program directors that was not evident in programs that do not serve abused, neglected, or at risk children. These concerns are reflected in some of the report's findings and recommendations.

III. SURVEY METHOD

Sample

With assistance from the Center for Health Statistics, subcommittee staff pulled a random sample of 315 subsidized child care centers, alternative payment programs, and family child care satellite systems.

This initial sample represented child care facilities in all areas of the state--urban, suburban, and rural. Of the child care centers, 24.4% were located in rural areas, 75.6% in urban areas (see Appendix C).

Once the sample was identified, but before lists were prepared, committee staff verified information on each site director (name, address, and phone number) of the selected agencies. If information on the agency had changed (for example if the site supervisor had changed or if the agency had a different telephone number), the new information was recorded. In 55 cases, there were no new forwarding numbers. Additional samples were then randomly chosen within the same area to replace those lost in the initial process.

Consequently, a second wave of questionnaires was mailed out which did not make provisions for a telephone interview. A questionnaire was developed that could simply be mailed to directors to complete and return in a stamped envelope. This questionnaire was mailed to an additional random sample of 220 child care centers. In addition, it was mailed to all Alternative Payment Programs and Family Child Care Satellite Programs that had been selected for the earlier interviews but had not responded. Of these, 118 were returned. A total of 262 questionnaires were completed and returned. Copies of both survey questionnaires can be found at the end of this report (Appendix A).

	Chosen	Completed
Child Care Centers	490	245
Alternative Payment Programs	14	8
Family Child Care Satellite Programs	31	9

Interviewers

Potential interviewers were recruited through members of the Committee, through the Resource and Referral Network, and through the Child Abuse and Public Resources Subcommittee meetings. Selection was based on their willingness to help on the project, their time commitments, and their location. Four workshops were held in Sacramento, San Francisco and Los Angeles to train the interviewers in a consistent manner. While this was in process,

the questionnaire was field tested and subsequently modified by Committee staff.

Development and Administration of the Questionnaire

Public meetings were held to gather input about the survey topic from parents, site supervisors,the Maternal and Child Health Program, the Center for Health Statistics, the Office of Child Abuse Prevention, and other children's advocates. A preliminary survey questionnaire was developed based on these sources of input. Particular attention was given to keeping the questionnaire brief. Since the interviews were to take place by telephone, notes to the interviewers were included throughout the questionnaire. To keep the information confidential, the form asked the respondents' county, but not their name, or the name of the program.

Questionnaires were mailed out to the agencies selected in sampling prior to the telephone interview; the mailing informed respondents that an interviewer would contact them by telephone, explained the reasons for the survey, and asked respondents to review and complete the survey prior to the telephone interview. Although the interviewers' calls were welcomed by many site supervisors and program coordinators, it was soon apparent that the response rate would not be as high as was needed. There were several reasons for this: interviewers were not able to reach some contacts after 4 or 5 attempts, an interviewer became ill, and some directors did not have time for the interview.

IV. RESULTS

Results of the survey are organized into five main sections. Each section highlights the relevant survey questionnaire items and resultant data. Because of the small percentage of family child care networks and Alternative Payment Programs interviewed, survey results consist of data composited across all respondents.

A. Identification and Reporting of Child Abuse

1. Subsidized child care and development programs are a significant community resource for the prevention of child abuse and the treatment of abused victims.

Survey Question 3. Program size

( ) Number of children in care each day
( ) Number of abused/neglected children or children at-risk of abuse now in care.

Survey results:

(84) Average number of children in care each day per center
(6) Average number of abused/neglected or at-risk children now in care per center

About seven percent of the children enrolled in surveyed programs are abused, neglected, or at-risk of abuse. Annually, each subsidized child care and development center serves an average of 16 abused or at-risk children: six children referred by child welfare services, six children referred by other human service agencies and four children identified by the child care center staff. (See Glossary for definition of abused, neglected, and at-risk.)

2. Subsidized child care and development programs are a major source of identification of abused and at-risk children and families.

Annually, each child care center identifies an average of four children as abused, neglected, or at-risk. A child care program has the opportunity to observe children in a wide variety of settings during the year. These settings include play behavior, parent-child interactions, and other indicators of family stress that could lead to abuse. With more than 1000 child care centers in the state's subsidized network, Child Welfare Services (CPS) receive a high number of informed referrals identifying children and families in need of social services.

Survey Question 12:
How many children did your agency identify as abused, neglected, or at-risk in the past twelve months?

Average response: 4

3. Child care programs do not report all of the children they identified as abused or at-risk.

While programs identified an average of four abused and at risk children during the year, the average number of children reported was two, and the most frequently stated response was one. (A few large programs that reported all suspected cases brought up the average.)

Survey Question 14:
In the last year, HOW MANY children did you report as victims of suspected abuse, neglect, or risk of abuse?

Survey Results:
(1.9) Average number of cases reported to CPS
(0.6) Average number of cases reported to law enforcement

The discrepancy may be due to several things: lack of technical assistance, lack of knowledge of the reporting law, fear of parental retaliation, and the lack of confidence in the reporting and investigatory system.

Respondents commented that all children and families identified but not reported were carefully observed throughout the period of participation. Identified children were tracked to determine if the identification was positive. Out of those identified, an average of two cases per program was reported during the course of the year.

B. Child Care Settings Connecting With Other Child Services

1. Abused, neglected, and at-risk children are referred to subsidized child care and development programs by child welfare services, by medical and health organizations, and by community service agencies such as those listed below. The legal and law enforcement communities do not make many referrals of children and families to child care programs.

Survey Question 1:
In the past twelve months, if you served other children identified as abused, neglected or at-risk (besides those referred by CPS), how many were identified or referred by the following types of agencies?

( ) Medical
( ) Legal
( ) Law enforcement
( ) Community Services

( ) Resource and Referral
( ) Welfare (non-CPS)
( ) Self-referral
( ) Other

Survey results:
Source of referrals of abused, neglected or at risk children in past twelve months:

Child Welfare Services (CPS)	50%
County Health and Welfare	14%
Health 4.9 %	
Welfare 9.3 %	
Community Services	11%
Medical	10%
R and R	3%
Self	3%
Schools	2%
Law enforcement	1.5%
Legal	1%
Other	4.5%

2. Subsidized child care and development programs either provide or connect abusive and at-risk families to many needed services.

Three-quarters of these programs provide referrals to community services, nearly 70% provide parent education programs, half provide counselling for parents, 40% provide counselling for the child, 25% have special staff, and 10% provide transportation. No other program is able to observe children in as many settings during the year as can a child care program.

Survey Question 19:
What SPECIAL SERVICES do you offer to abused or neglected children and their families? [CHECK]
( ) Special Staff
( ) Parent education
( ) Parents Anonymous program
( ) Medical Care
( ) Counselling for parents
( ) Counselling for child
( ) Transportation
( ) Speakers from family service agencies
( ) Referral to community services [LIST]

Survey Results:
72% Referral to community services
- 34% Community Social Services Agencies
- 32% Counselling facilities
- 23% Mental Health Department
- 22% Child guidance clinics
- 20% Public funded social service agencies INCLUDING:
  Abuse hotlines/programs

Public health/medical facilities
Resource and Referral agencies
Parent, PTA groups
CPS

68% Parent education
51% Counselling for parents
47% Speakers from family service agencies
40% Counselling for child
24% Special staff
20% Medical care
11% Transportation
5% Parents Anonymous program

3. Follow up and technical assistance provided to child care programs by referring agencies is limited and probably deficient.

At least 50% of the time, the referring agency provides no technical assistance to the child care agency once the child is enrolled. Lack of follow up from the referring agency makes the child care agency's work either impossible or difficult in 50% of the cases.

Survey Question 15:
If you made reports to CPS, how did you obtain follow up information on the family? [ESTIMATE HOW MANY FAMILIES FOR EACH ITEM]

Survey Question 16:
If you made reports to law enforcement, how did you obtain follow up information on the family? [ESTIMATE HOW MANY FAMILIES FOR EACH ITEM]

Survey Results:
56% CPS provided information on cases reported to that agency
32% Family provided information of all cases
31% Law enforcement provided information on cases reported
15% No follow-up information obtained
32% Other

Other follow-up information was obtained primarily by calling CPS, asking the CPS worker who came to the center, or calling law enforcement.

4. Child welfare services mandated by SB 14 (see definition in Glossary) seem to be provided in only limited ways to abusive and at-risk families whose children are in subsidized child care.

Except for case management (which was reported to be provided to almost 70% of the families referred to child care by child welfare services), no other basic service was provided to half of the families referred. (These services include counselling,

emergency shelter care, in-home caretakers, out-of-home respite care, teaching and demonstrating homemakers, parenting training, and transportation.)

Survey Question 8:
On a scale of 1 to 5, rate the adequacy of these CPS services to meet your families' needs (1=awful; 2=poor; 3=adequate; 4=good; 5=excellent; X=not provided)
Case management
Counselling
Emergency shelter care (housing)
In-home caretakers
Out-of-home respite care (short-term foster care)
Teaching/demonstrating homemakers
Parenting training
Transportation
Other

Survey results:

	1	2	3	4	5	NP*	NR*
Case Management	2%	17%	25%	17%	5%	6%	28%
Counselling	3%	10%	17%	10%	6%	10%	44%
Emergency shelter	3%	7%	11%	6%	2%	24%	47%
In-home caretakers	2%	6%	4%	8%	2%	26%	52%
Out-of-home respite	2%	4%	13%	11%	3%	21%	46%
Demon. homemakers	2%	6%	4%	7%	2%	25%	54%
Parenting training	3%	6%	6%	9%	8%	20%	48%
Transportation	3%	10%	2%	5%	6%	22%	52%
Other	0%	2%	0%	2%	3%	11%	82%

*NP-not provided
*NR-no response

5. <u>Public health nursing services (evaluations of at-risk families and support for abusive families) are underutilized by child care programs.</u>

Only one-fourth of those center directors surveyed had requested public health nursing services for families.

The questionnaire did not specifically ask respondents if they were aware of the availability of public health nursing support, however, nine respondents volunteered they were unaware of this support. Others asked what process they should follow in contacting a Public Health Nurse when dealing with abused, neglected or at-risk children.

Survey Question 20:
Has your agency requested family evaluations by Public Health Nurses from your local health department when the risk for potential child abuse or neglect seems high?
If yes, how many requests in the past year?

Survey Question 21:
Has your agency requested public health nursing support for families who are known "abusers"?

Survey Results:
Percentage of agencies requesting Public Health evaluations:
24% Yes
71% No
5% No response

Percent of agencies requesting support for known "abusers":
23% Requested public health nursing support
72% Did not
5% No response

C. Child Care And Families of Abused Children

1. Child care plays a role in child abuse prevention by physically separating the child from the stress setting.

One director wrote, "Our program recently admitted a child who was referred to us by CPS. The child was deemed at-risk. However, since enrollment in our day care center has removed him from the potential risk, he does not require any special attention."

2. More than 10% of the abused, neglected or at-risk children and families enrolled in child care programs are not able to maintain participation in the program.

The resources of child care agencies are often not enough, in and of themselves, to maintain the child's attendance and the family's stability: some children drop from child care programs because of lack of follow-up from the referring agency, lack of transportation, and lack of case management. Other difficulties which make the child care center's work "impossible" include lack of emergency respite care, lack of counselling, and lack of parent education resources.

Survey Question 9:
What services do YOU need from CPS

Survey Question 10:
What services have your families identified or mentioned that they need but have NOT gotten from CPS?

Survey Results:

More follow-up	25%
Better communication on each case	13%
Staff training	12%
Parenting training	11%
Provide information on CPS services	8%

Counselling for families	8%
Caseworker more avail. for consulting about a child (reg. site visits, meetings)	7%
More direction on each case (such as desig.plan)	6%
Timely response to referral from provider	5%
Parent education on child abuse prevention	4%

D. Child Care Staff and Identification of Child Abuse

1. When asked to identify the three most needed skills of child care workers in order to serve abused and at-risk children, directors identified knowledge of children's behavior patterns, ability to identify bruises, and ability to identify signs of parental stress.

Other important skills were crisis management and good inter-staff communications.

Survey Question 22:
What are the three (3) most important special skills which child care staff need in order to serve abused, neglected, and at-risk children?
[CHECK ONLY THREE]
Identify an injury
Knowledge of children's behavior patterns
Dealing with hostile parents
Modeling effective behavior for parents
Giving parents positive feedback
Engendering positive home environment
Crisis management skills
Good inter-staff communication (e.g., meeting times, service plans, etc.)
Others:_____

Survey Results:
60% Knowledge of children's behavior patterns
46% Identify an injury
37% Identify signs of parental stress
24% Crisis management skills
24% Good inter-staff communications
18% Dealing with hostile parents
16% Giving parents positive feedback
13% Modeling effective behavior for parents
9% Engendering positive home environment
3% Other (The skill most frequently mentioned under other was "How to work with disturbed children".)

2. Slightly more than 50% of the directors surveyed provide staff development programs aimed primarily at assisting staff to work with abused children and their families.

Only 6% send staff to training sessions offered outside their centers.

Survey Question 35:
Are there aspects of your staff development program which are primarily aimed at assisting staff to work with abused children and their families?

Survey Results:
55% Yes
32% No
13% No response
If yes, please describe:

Survey Results:
52% Offer regular staff training in the form of speakers and workshops
8% Have regular staff meetings to discuss problems and interactions with abused child, family
6% Send staff to outside training
12% Regularly offer parent education programs such as the phrase "Better Safe Than Sorry".
9% Offer a group for children
9% Have parent-staff conferences
4% Offer counselling to their staff who work with abused children

3. Site supervisors (or the head teachers) find that they spend an average of 6 hours per month on each abused or at-risk family, providing extra support, maintaining contact with referring agencies, and maintaining contact with law enforcement agencies and the courts.

It should be noted that, for economic reasons, most programs do not staff beyond the legally defined staff/child ratios; this staffing is based on the assumption that staff will provide direct child care with only occasional family conferences. It does not mean that time is automatically available to provide extra support to maintain contact with law enforcement agencies, the courts, and referring agencies and to provide crisis counselling. In addition, while this six hours per month is a definite help to the families, it is not sufficient to provide all of the services which abusive families require.

Survey Question 23:
Please estimate the ADDITIONAL TIME it takes you and your staff to provide services to an abused or neglected child. For example, follow-up calls, home visits, parent conferences, consultation with professionals, court appearances, etc. [NOTE IN HOURS/MONTH]

Survey Results:
6.3 hours/month average additional time spent per abused or neglected child

E. Finances

1. The current reimbursement seems adequate for direct child care expenses, but in most cases, the reimbursement does not cover the ancillary services needed by families with child abuse and neglect problems, such as therapy and parent education services.

Survey Question 18:
What is your average cost per child?

Survey Results:
$16.47 Average daily reimbursement per child

Survey Question 25:
Do you LACK any of the following resources to serve abused, neglected, and at-risk children well?
( ) Time
( ) Money
( ) Trained staff
( ) Access to staff training
( ) Support services from other agencies

Survey Results:

Time	35.5%
Money	34.6%
Trained staff	36.2%
Access to staff training	29%
Support services from other agencies	25%

V. RECOMMENDATIONS

While publicity has recently focused on allegations and incidents of child abuse in child care settings, our survey demonstrates that child care programs are providing essential prevention and treatment services to abused and at-risk children on a daily basis throughout the state. Based on the present survey, the Child Development Programs Advisory Committee makes the following recommendations:

A. Public and Professional Concerns

1. The Committee recommends that child care resource and referral agencies and other professional groups, e.g., California Association for Early Childhood Education, family day care associations, the public information office of the Department of Social Services, the Child Development Division of the State Department of Education join with the Committee to develop an organized program to contact local media with positive stories regarding the role child care agencies play in a community's response to child abuse. One immediate activity would be to connect this effort with child abuse prevention month each year. A second important activity would be to develop a press kit on the relationship between child abuse prevention and treatment programs and child care programs.

2. The Committee advises preservation of The California Education Code which mandates: "Priority for state and federally subsidized child development services shall be as follows: (1) First priority shall be given to recipients of child protective services for children who are neglected or abused, or at risk of being neglected or abused, upon written referral from a legal, medical, or social service agency. When an agency is unable to enroll a child in the first priority category, the agency shall refer the family to local resource and referral services to locate services for the child." [Section 8263 (b)]

3. The Committee urges all professional child care workers to affirm their professional responsibility as advocates for children. We suggest that all professional associations of child care workers and agencies develop written procedures for identifying child abuse and neglect, and for promoting prevention of child abuse and neglect.

4. The Committee recommends that there be further study of the issue of discrepancy between children identified as abused or at risk and those actually reported by programs. This study should identify both systemic "barriers" as well as personal reluctance reasons identified by potential reporters. This study should further focus on recommendations to reduce the discrepancies as well as improving reporting confidence.

B. Health and Social Services

1. On a statewide basis, the Committee recommends that SDE and DHS distribute information to subsidized child care programs on the services provided by public health nurses to abusive and at-risk families.

2. In its evaluation of SB 14, the Committee recommends that DSS include an extensive review of the availability and provision of support services to abusive and at-risk families. [SB 14 is summarized in the glossary.]

3. Recognizing that Child Welfare Services (CPS) may need additional resources, the Committee underscores the need for CPS to maintain continued contact with the child care program director for mutual planning of services for the family. DSS and the County Welfare Directors Association should cooperate to see that this recommendation is fully addressed.

C. Training

1. The Committee recommends that State Department of Education review,update, and revise training appropriate for child care workers. Updated training procedures should include the following:

a) plan and provide inservice to CDD staff
b) assist child care agencies to identify training resources
c) utilize the results of this study to plan appropriate training (e.g., results of question 22 highlighting bruise identification, etc. etc.)
d) utilize training resources in local voluntary agencies, child abuse councils, and the new state training programs established through the DSS Office of Child Abuse Prevention.
e) work with DSS to utilize Title XX training funds to spread training opportunities throughout the state.

2. The Committee recommends that, in addition to the State Department of Education, other agencies and groups incorporate the results of this survey in their training plans, e.g., the Child Care Resource and Referral Network, the California Child Development Administrators Association, the California Association for the Education of Young Children, the Department of Social Services, the Professional Association of Childhood Educators, etc.

3. The Committee urges the SDE's Child Development Division to develop and circulate to its contractors a model for staff case conferences on families and children with problems. This SDE effort should include identifying and distributing resource materials useful for case conferences. "Child Study Teams" are suggested as one potential model.

4. The Committee recommends that DSS and SDE: a) continue to provide information on the reporting law to child care program directors (with emphasis on reaching all staff), and b) provide to caregivers and to the general public a better explanation of the protections and liabilities in the law. We advise that DSS and SDE

seek the assistance of the Attorney General.

5. Through channels as staff meetings, staff reports, and inservice training, the Committee calls upon Child Welfare Services to improve communication on the availability of subsidized child care.

D. Legislation

1. The Committee recommends that the Legislature amend the Health and Safety Code to require each licensed child care facility to maintain written policies regarding child abuse and neglect. The amended code should require inservice training, and procedures for reporting and investigating suspected child abuse and neglect. (Headstart procedures could serve as a guideline.)

State of California

CHILD DEVELOPMENT PROGRAMS
ADVISORY COMMITTEE

915 Capitol Mall, Room 250
Sacramento, California 95814
(916) 322-8181

January 10, 1985

Dear Site Supervisor:

Last year, during legislative hearings on expansion legislation, legislators asked several times about the ability of subsidized programs to enroll children who are abused or neglected. We discovered that we did not have much information about the impact of 1980 eligibility and priority changes which gave abused and neglected children a better chance to be served.

Also, and perhaps of more importance, the Advisory Committee is concerned that child care and child abuse are linked sensationally and negatively in many people's minds. We believe that there is another side to the issue: child care programs play an important role in the prevention and treatment of child abuse.

Given these concerns, to prepare for this year's legislative session, we have brought parents, site supervisors, and other interested persons together to design the enclosed questionnaire. Your site has been selected at random to receive a copy.

Within the next two weeks, someone from the Committee will call you to ask you these questions. We hope that you will have time before the call to go through the enclosed survey and note answers. Then, the telephone call can go quickly, and the information will be easy to tabulate and report. Your replies will be anonymous.

We will summarize our findings and send you a report as well.

Thank you for your review of this material. If you have any questions, please telephone Giovanna Stark or Jack Hailey at the Committee office: 916-322-8181.

Sincerely,

Kenneth Jaffe
Chair

enc.

CHILD DEVELOPMENT PROGRAMS ADVISORY COMMITTEE 916-322-8181

QUESTIONNAIRE ON CHILD CARE AND CHILD ABUSE final 01/04

Your name:_____ (interviewer)

This questionnaire is designed for an oral interview, either in person or by telephone. One version with questions only has been mailed to the interviewee. This version has additional instructions and probes for the interviewer. THESE SPECIAL INSTRUCTIONS AND PROBES ARE IN CAPS.

INTRODUCTION: "Hello, I'm _____ from the Child Development Programs Advisory Committee. This state agency is surveying child care providers to find out in what ways child care programs have been able to work with children who are abused and neglected or at risk of abuse, and with their families. We have a few questions for you that were mailed to you recently. Did you receive them? [IF "NO", GET THEIR NAME AND ADDRESS, TERMINATE INTERVIEW, AND CALL CDPAC OFFICE SO STAFF CAN MAIL ANOTHER QUESTIONNAIRE. IF "YES", CONTINUE WITH INTERVIEW.]

Please get the questionnaire so that it is in front of both of us as we conduct the survey. Thank you. This should take about 20 or 30 minutes.

We will use the results of this survey to summarize the ways that child care contributes to child abuse prevention and treatment. Also, we will make recommendations on ways to strengthen both child protective services and child care programs in their work with these children and their families. Your responses will be anonymous. Shall we begin?"

1. What type of program do you have? (READ LIST)

( )Center
( )Family day care home or FDC network
( )Resource and referral
( )Alternative payment
( )Other:_____

[NOTE: CODE A MIGRANT, CAMPUS, OR SCHOOL-AGED PARENTING PROGRAM AS A "CENTER" PROGRAM. LATER IN THE QUESTIONNAIRE THEY WILL HAVE A CHANCE TO NOTE THEIR SPECIAL NATURE.]

2. Is your program state subsidized?

( )Yes
( )No

3. Program size at this site [FILL IN NUMBERS FOR BOTH]

( )Number of children in care each day

( )Number of abused/neglected children or children at risk of abuse now in care

4. Ages of children served [CHECK ANY WHICH APPLY]

( ) Infants/toddlers
( ) Preschool aged children
( ) School aged children

"Now we have some questions about your 'Services to Abused, Neglected, and At-Risk Children.'

5. ( ) In the past twelve months, HOW MANY children have you served who were referred to you by Child Protective Services (CPS)? [IF "0" SKIP TO #9]

6. ( ) HOW MANY of these still receive CPS services? [IF "0" SKIP TO #8]

7. For HOW MANY of these children does the caseworker have a designated plan? [IF "ZERO", WRITE "0"]

( )Number of children for whom there is a plan
( )Number for whom there is no plan
( )Number for whom you don't know

8. On a scale of 1 to 5, RATE the adequacy of these CPS services to meet your families' needs (1=awful; 2=poor; 3=adequate; 4=good; 5=excellent; X=not provided)

( )Case management
( )Counselling
( )Emergency shelter care (housing)
( )In-home caretakers
( )Out-of-home respite care (short-term foster care)
( )Teaching/demonstrating homemakers
( )Parenting training
( )Transportation
( )Other:_____

9. What services do YOU need from CPS (please be specific)?

_____
_____
_____

10. What services have your families identified or mentioned that they need but have NOT gotten from CPS? _____

_____

11. In the past twelve months, if you served other children identified as abused, neglected or at-risk (besides those referred by CPS), HOW MANY were identified or referred by the following types of agencies?

( )Medical
( )Legal
( )Law enforcement
( )Community services
( )Resource and referral
( )Welfare (non-CPS)
( )Self-referral
( )Other:_____

12. ( )HOW MANY children did your agency identify as abused, neglected, or at-risk in the past twelve months?

13. How did you identify these children? [CHECK OFF]

( )Bruises
( )Frequent absences
( )Child's hunger
( )Child's disheveled look
( )Child's spontaneous remark
( )Observing child in dramatic play
( )Severe change in child's personality
( )Parent's attitude or behavior
( )Changes in pick up/drop off pattern
( )Fear abuse by absent parent or other person
( )Other: _____

"Now we have a few questions about 'Reporting'.

14. In the last year, HOW MANY children did you report as victims of suspected abuse, neglect, or risk of abuse?

( )Child Protective Services (CPS)
( )Law enforcement

15. If you made reports to CPS, how did you obtain follow up information on the family? [ESTIMATE HOW MANY FAMILIES FOR EACH ITEM]

( )CPS provided information
( )Family provided information
( )No follow up obtained
( )Other:_____

16. If you made reports to law enforcement, how did you obtain follow up information on the family? [ESTIMATE HOW MANY FAMILIES FOR EACH ITEM]

( )Police provided information
( )Family Provided information
( )No follow up obtained
( )Other: _____

17. What is your primary source of information on the reporting law and your obligations: [CHECK ONE]

( )A copy of the law itself
( )The booklet "Reporting Child Abuse"
( )Information sent by Licensing
( )Information provided by R and R groups
( )Other: _____
( )Little or no knowledge of reporting law

"In this section, we ask about 'Other Services.' You may provide children and families with special services. These questions address these areas.

[NOTE TO INTERVIEWER: FOR THE FOLLOWING COST QUESTION, BE SURE AND NOTE THE UNIT OF COST...IS IT PER DAY, PER WEEK, PER MONTH, OR PER YEAR]

18. ($ /)What is your average cost per child?

19. What SPECIAL SERVICES do you offer to abused/ neglected children and their families? [CHECK OFF]

( )Special staff
( )Parent education
( )Parents anonymous program
( )Medical care
( )Counselling for parents
( )Counselling for child
( )Transportation
( )Speakers from family service agencies
( )Referral to community services
If "yes" to *, please list those services:

_____

_____

20. Has your agency requested family evaluations by Public Health Nurses from your local health department when the risk for potential child abuse or neglect seems high?

( )Yes
( )No

If yes, how many requests in the past year?
( )

21. Has your agency requested public health nursing support for families who are known "abusers"?

( )Yes
( )No

If yes, how many requests in the past year?
( )

"This next set of questions address the 'Problems' you may encounter in serving abused and at-risk children.

22. What are the three (3) most important special skills which child care staff need in order to serve abused, neglected, and at-risk children? [CHECK ONLY THREE]

( )Identify an injury
( )Identify signs of parental stress
( )Knowledge of children's behavior patterns
( )Dealing with hostile parents
( )Modeling effective behavior for parents
( )Giving parents positive feedback
( )Engendering positive home environment
( )Crisis management skills
( )Good inter-staff communication (e.g., meeting times, service plans, etc.)
( )Others:_____
_____

23. Please estimate the ADDITIONAL TIME it takes you and your staff to provide services to an abused or neglected child. For example, follow-up calls, home visits, parent conferences, consultation with professionals, court appearances, etc. [NOTE IN HOURS/MONTH]

( )Hours per month per child

24. If you have experienced any of the following situations over the past 12 months please rate their DIFFICULTY:
1=Made your work with the family impossible;
2=Made your work difficult;
3=Situation was manageable;
X=Does not apply

( )Lack of follow-up from experienced

referring agency
( )Lack of counselling available
( )Lack of case management available
( )Lack of parent education
( )Lack of transportation
( )Lack of emergency respite care
( )Lack of communication from CPS or from law enforcement
( )Recertification
( )Reimbursement
( )Raising supplemental funds
( )Other: _____

25. Do you LACK any of the following resources to serve abused, neglected, and at-risk children well? (CHECK any which you need but lack.)

( )Time
( )Money
( )Trained staff
( )Access to staff training
( )Support services from other agencies

26. Which of the following sources of FUNDS have you used to supplement your program for abused or neglected children? (Check any which you have used.)

( )Federal funds
( )State funds
( )Local/county funds
( )Foundation funds
( )United Way

[IF THE AGENCY IS SUBSIDIZED BY STATE DEPARTMENT OF EDUCATION, PLEASE COMPLETE THE NEXT SECTION AS WELL.]

"The final section deals with information on 'Subsidized Programs."

27. ( )Number of subsidized children enrolled

28. ( )Number of children currently enrolled because of abuse/neglect or risk of abuse

29. Program type: [CHECK OFF]

( )Family day care network
( )Center (General Child Care)
( )Campus
( )R/R
( )Alternative payment
( )SAPID
( )Migrant

( )Head Start
( )State Preschool

30. Program organization:

( )Non-profit
( )Proprietary
( )Public School
( )County School Office
( )Other: _____

31. Have you received any technical assistance from SDE/CDD on working with abused children and their families?

( )Yes
( )No

32. If yes, please describe:

33. Have you received any technical assistance from referring agencies (e.g., CPS)?

( )Yes
( )No

34. If yes, please describe:

35. Are there aspects of your staff development program which are primarily aimed at assisting staff to work with abused children and their families?

( )Yes
( )No

36. If yes, please describe:

37. ( )HOW MANY children who are abused or neglected (CPS referrals) are currently on your WAITING LIST?

38. Of the CPS referrals you are currently serving, please estimate HOW LONG each was on your waiting list: _____

_____

"Thank you again for your willingness to participate in our survey."

QUESTIONNAIRE ON CHILD CARE AND CHILD ABUSE final 02/05

Your county: _____

PROGRAM DESCRIPTION

1. Site size
   ( )Number of children in care each day
   ( )Number of abused/neglected children or children at risk of abuse now in care

2. Ages of children served (check any that apply)
   ( )Infants/toddlers? (to 2.9 years of age)
   ( )Preschool-aged children?
   ( )School-aged children?

SERVICE TO ABUSED, NEGLECTED, AND AT-RISK CHILDREN

3. ( ) In the past twelve months, how many children have you served who were referred to you by Child Protective Services (CPS)? [If "0" skip to #6]

4. ( ) How many of these still receive CPS services?

5. On a scale of 1 to 5, rate the adequacy of these CPS services to meet your families' needs (1=awful; 2=poor; 3=adequate; 4=good; 5=excellent; x=not provided)
   ( )Case management
   ( )Counselling
   ( )Emergency shelter care (housing)
   ( )In-home caretakers
   ( )Out-of-home respite care (short-term foster care)
   ( )Teaching/demonstrating homemakers
   ( )Parenting training
   ( )Transportation
   ( )Other:_____

6. What services do YOU need from CPS (please be specific)
   _____
   _____
   _____

7. In the past twelve months, did anyone besides CPS refer an abused, neglected, or at-risk child to you?
   ( ) Yes
   ( ) No
   If yes, please list the agencies that referred a child:
   _____
   _____

8. ( )How many children did your agency identify as abused, neglected, or at-risk in the past twelve months?

9. In the last year, how many children did you report as suspected victims of child abuse:
   ( ) Number reported to CPS
   ( ) Number reported to law enforcement

10. If you made reports, how did you obtain follow up information on the family? (Estimate how many families for each item.)
   ( )CPS provided information
   ( )Law enforcement provided information
   ( )Family provided information
   ( )No follow up information obtained
   ( )Other:_____
   _____

11. ($)What's your daily reimbursement rate per child?

12. What special services do you offer to abused/ neglected children and their families? (Check off)
   ( )Special staff
   ( )Parent education
   ( )Parents anonymous program
   ( )Medical care
   ( )Counselling for parents
   ( )Counselling for child
   ( )Transportation
   ( )Speakers from family service agencies
   *( )Referral to community services
   If you check *, please list those community services you use: _____
   _____
   _____

13. Has your agency requested evaluations by Public Health Nurses from your local health department when the risk for potential child abuse or neglect seems high?
   ( )Yes
   ( )No
   If yes, how many requests in the past year:
   ( )

14. Has your agency requested public health nursing support for families who are known "abusers"?
   ( )Yes
   ( )No
   If yes, how many requests in the past year?
   ( )

PROBLEMS IN SERVING ABUSED OR AT-RISK CHILDREN

15. What are the three (3) most important special skills which child care staff need in order to serve abused, neglected, and at-risk children? (Check only three)
( )Identify an injury
( )Identify signs of parental stress
( )Knowledge of children's behavior patterns
( )Dealing with hostile parents
( )Modelling effective behavior for parents
( )Giving parents positive feedback
( )Engendering positive home environment
( )Crisis management skills
( )Good inter-staff communication (e.g., meeting times, service plans, etc.)
( )Others: _____
_____

16. Please estimate the additional time it takes you and your staff each month to provide services to an abused or neglected child. For example, follow-up calls, home visits, parent conferences, consultation with professionals, court appearances, etc. [Note in hours/month]
( )hours per month per child

17. If you have experienced any of the following situations over the past 12 months, please rate their difficulty:
1=Made your work with the family impossible;
2=Made your work difficult;
3=Situation was manageable;
X=Does not apply

( )Lack of follow-up from experienced referring agency
( )Lack of counselling available
( )Case Management unavailable
( )Lack of parent education resources
( )Transportation unavailable
( )Emergency respite care unavailable
( )Lack of communication from CPS or from law enforcement
( )Recertification
( )Reimbursement
( )Raising supplemental funds
( )Other: _____

SUBSIDIZED PROGRAM INFORMATION

18. Have you received any technical assistance from SDE/CDD on working with abused children and their families?
( )Yes
( )No

19. If yes, please describe:

20. Have you received any technical assistance from referring agencies (e.g., CPS)?
( )Yes
( )No

21. If yes, please describe:

22. Are there aspects of your staff development program which are primarily aimed at assisting staff to work with abused children and their families?
( )Yes
( )No

23. If yes, please describe:

Thank you again for your willingness to participate in our survey. Please return the questionnaire to the Advisory Committee in the attached pre-paid envelope.

CHILD CARE AND CHILD ABUSE SURVEY DATA

PROGRAM DESCRIPTION

1. Site size

   (84) Average number of children in care each day.
   (6) Average number of abused/neglected or children at risk of abuse now in care in responding programs.

2. Age groups served

   (21%) Infants/toddlers (to 2.9 years of age)
   (47%) Preschool-aged children
   (32%) School-aged children

SERVICE TO ABUSED, NEGLECTED, AND AT RISK CHILDREN

3. (6) Average number of children referred by CPS into each program within the past twelve months.

4. (3) Average number of children still receiving CPS services in each program.

5. Respondents rating of CPS for following services:
   (1=awful; 2=poor; 3=adequate; 4=good; 5=excellent)

	1	2	3	4	5	NP*	NR*
Case Management	2%	17%	25%	17%	5%	6%	28%
Counselling	3%	10%	17%	10%	6%	10%	44%
Emergency Shelter Care (Housing)	3%	7%	11%	6%	2%	24%	47%
In-Home Caretakers	2%	6%	4%	8%	2%	26%	52%
Out-of-Home Respite Care (Short Term Foster Care)	2%	4%	13%	11%	3%	21%	46%
Teaching/Demonstrating Homemakers	2%	6%	4%	7%	2%	25%	54%
Parenting Training	3%	6%	6%	9%	8%	20%	48%
Transportation	3%	10%	2%	5%	6%	22%	52%
Other	0%	2%	0%	2%	3%	11%	82%

*NP - Not Provided
*NR - No Response

6. Services respondents stated they need from CPS:

More follow-up	25%
Better communication on each case	13%
Staff Training	12%
Parenting training	11%
Provide information about needs CPS Provides Family & Resources to refer to parents in need	8%
Counselling for families	8%
Casework more available for consulting about a child(reg. site visits,meetings)	7%
More direction on each case (such as desig. plan)	6%
Timely response to referral from provider	5%
Parent education on child abuse prevention	4%

7. Source of referral of abused,neglected or at risk children in past twelve months:

CPS	50%
County Health & Welfare	14%
Health = 4.9	
Welfare= 9.3	
Community Services	11%
Medical	10%
R & R	3%
Self	3%
Schools	2%
Law Enforcement	1.5%
Legal	1%
Other	2%

Note: This will not add up to 100% because numbers are rounded off.

8. (4) Average number of children identified by respondent as abused, neglected, or at risk in the past twelve months

These children were identified in the following way:

Bruises or injuries	60%
Child's spontaneous remark or dramatic play	40%
Parent's attitude or behavior	40%
Frequent absences	28%
Child's hunger or inappropriate clothing	26%
Child's disheveled look	23%
Severe change in child's personality	23%
Changes in pick up/drop off pattern	5%
Other	26%

9. In the past year, average number of children reported as suspected victims of child abuse.

(1.9) Average number of cases reported to CPS by each respondent.
(0.6) Average number of cases reported to law enforcement by each respondent.

(51%) Average amount of respondents who reported to CPS
(25%) Average amount of respondents who reported to Law Enforcement

Note: While the average is 1.9, the mode (or usual response) was only 0.8. A few large programs reported 100% of cases they identified, and these programs raised the average.

10. Identification and Reporting

	Referred by CPS	Referred by Other	Identified by Respondent	Reported by Respondent to CPS or Law Enforce.
TOTAL	6 (37%)	6 (38%)	4 (25%)	1.9

11. How follow-up information was obtained

(56%) CPS provided information on cases reported to that agency
(32%) Family provided information of all cases
(31%) Law enforcement provided information on cases reported to them
(15%) No follow-up information obtained
(32%) Other

11A Other follow-up information was obtained primarily by calling CPS, asking CPS workers who came to center, or calling law enforcement.

12. Primary sources of information on reporting law

Booklet reporting child abuse	25%
Information sent by licensing	25%
Law itself	24%
Information sent by R&R's	7%
Little or no knowledge of Law	6%
Other	49%

Notes: 1) Other consists of information from school districts, community organizations, public health nurses, CPS, and CDD.

2) Total does not add up to 100% because several agencies listed more than one source of information.

13. ($16.47) Average daily reimbursement per child

14. Special services offered to abused/neglected children and their families

(72%) Referral to community services*
(68%) Parent education
(51%) Counselling for parents
(47%) Speakers from family service agencies
(40%) Counselling for child
(24%) Special staff
(20%) Medical Care
(11%) Transportation
(5%) Parents anonymous program

*Referrals to community services

(34%) Community Social Service Agencies
(32%) Counselling Facilities
(23%) Mental Health Department
(22%) Child Guidance clinics
(20%) Public funded social service agencies
(18%) Abuse Hotlines/Programs
(17%) Public Health/Medical Facilities
(11%) R & R's
(10%) Parent, PTA groups
(8%) CPS

15. Percentage of agencies requesting evaluations by Public Health Nurses from local health departments when the risk for potential child abuse or neglect seems high.

(24%) Yes
(71%) No
(5%) No Response

Note: Nine respondents indicated they were unaware of Public Health Nursing support for child abuse or neglect. Six others asked what process they should follow in contacting a Public Health Nurse.

16. Percent of agencies requesting public health nursing support for families who are known "abusers."

(23%) Requested public health nursing
(72%) Did not
(5%) No Response

17. Most important special skills which child care staff need in order to serve abused, neglected, and at risk children listed by total percent selecting category.

(60%) Knowledge of children's behavior patterns
(46%) Identify an injury
(37%) Identify signs of parental stress
(24%) Crisis management skills
(24%) Good inter-staff communications
(18%) Dealing with hostile parents
(16%) Giving parents positive feedback
(13%) Modelling effective behavior for parents
(9%) Engendering positive home environment
(3%) Other (The skill most frequently mentioned under other was "How to work with disturbed children.")

18. (6.3) Average additional amount of time per month per abused or neglected child. (hrs./month)

19. Of the following situations, average rating per category.

1 = Made work with the family impossible
2 = Made work difficult
3 = Situation was impossible
x = Does not apply

	1	2	3	x	NR
Lack of follow-up from experienced reffer-ring agency	14%	36%	14%	9%	27%
Lack of counselling available	7%	28%	19%	14%	32%
Case management unavailable	10%	28%	13%	20%	29%
Lack of parent education resources	7%	21%	22%	17%	33%
Transportation unavailable	13%	15%	12%	28%	32%
Emergency respite care unavailable	9%	21%	10%	28%	32%
Lack of communication from CPS or from Law Enforcement	8%	31%	14%	15%	32%
Recertification	3%	20%	28%	21%	28%
Reimbursement	2%	3%	24%	38%	33%
Raising supplemental funds	2%	7%	5%	39%	47%
Other	0%	47%	2%	3%	88%

20. Percentage receiving technical assistance from SDE/CDD on working with abused children and their families.

(17%) Yes
(73%) No
(10%) No Response

Most frequent forms of technical assistance mentioned were workshops, lectures and printed information.

21. Percentage receiving any technical assistance from referring agencies (e.g., CPS)

(29%) Yes
(50%) No
(21%) No Response

21A Most frequent forms of reported technical assistance were workshops, lectures and written information from CPS, counselling for staff and parent training sessions.

22. Percentage having staff development programs which are primarily aimed at assisting staff to work with abused children and their families.

(55%) Yes
(32%) No
(13%) No Response

22A 52% Offer regular staff training in the form of speakers and workshops
8% Have regular staff meetings to discuss problems and interactions with abused child, family
6% Send staff to outside training
12% Regularly offer parent education programs such as the phrase "Better safe than sorry."
9% Offer a group for children
4% Offer counselling to their staff who work with abused children

One respondent center is part of a pilot sexual abuse prevention program, and others mentioned a variety of individual services such as consulting with Children's Assault Prevention Program,holding an inservice on each new abused child upon enrollment, and having individual case studies on specific cases of abuse.

23. Average number of children who are abused or neglected currently on waiting list.

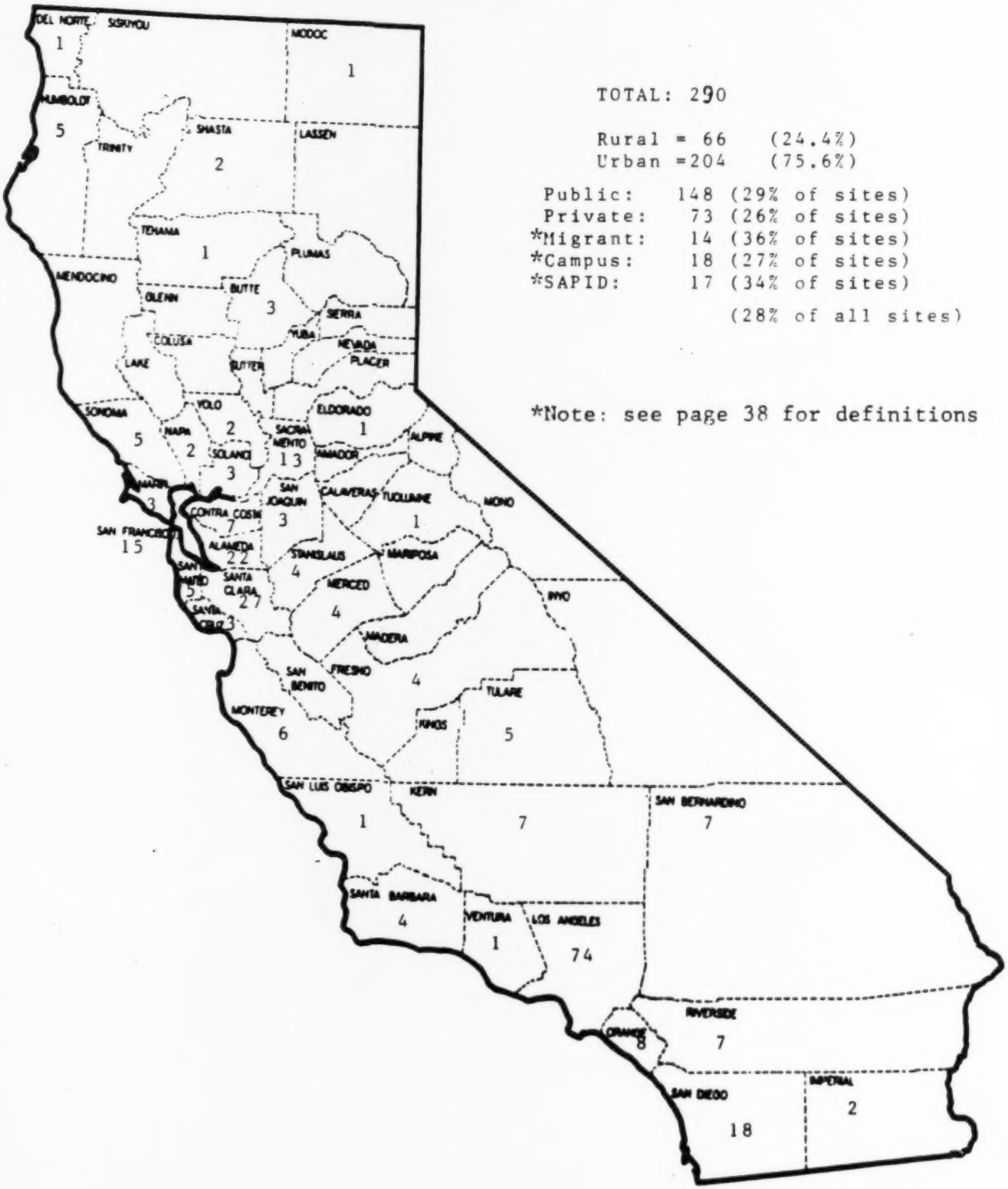
90% of all agencies reported no waiting time and no abused or neglected children on the waiting list. This does not mean there are no waiting lists for the child care programs. It simply means children referred from CPS or other agencies as abused or neglected are given priority. Several programs stated they found a slot whether one was there or not. Others said they would "call around" until a spot could be found. In all these cases the children were placed as soon as the letter of referral came from the referring agency.

However, of those that gave numbers, the average number of children on a waiting list was 3.5 for a period 2.8 weeks.

State of California

APPENDIX C

INITIAL MAILING
FOR CHILD ABUSE/CHILD CARE SURVEY



TOTAL: 290

Rural = 66 (24.4%)
Urban =204 (75.6%)

Public:	148	(29% of sites)
Private:	73	(26% of sites)
*Migrant:	14	(36% of sites)
*Campus:	18	(27% of sites)
*SAPID:	17	(34% of sites)
		(28% of all sites)

*Note: see page 38 for definitions

GEN 928 (8/77)

CHILD CARE IN CALIFORNIA

WHAT IS CHILD CARE?

The many kinds of child care used by working parents fall into two categories. Increasingly, parents purchase child care as a service from child care centers, family day care homes, and neighbors. As these formal arrangements supplant the traditional informal care provided by friends and relatives, regulation of child care becomes more important--for parents' protection and to guarantee minimum standards of health, safety, and care of children.

WHY IS THERE A NEED FOR CHILD CARE?

In the current economy, more parents need to join the labor market. For example, over half of the children in the United States have a mother who uses child care while she works. Changes in family and labor force patterns mean that fewer parents can rely on relatives or friends for child care.

HOW ARE FORMAL CHILD CARE ARRANGEMENTS REGULATED?

The Health and Safety Code and Title 22 regulations set forth minimum standards for child care programs--both centers and family day care homes. The Department of Social Services licenses these programs. The regulations address health and safety features of the building, ratios of children to adults, and capacities. Currently about 6,000 centers and 32,000 family day care homes are licensed in California.

WHAT IS THE NEED FOR SUBSIDIZED CHILD CARE?

Families with incomes below half of the State's median and families on public assistance are the major users of subsidized child care. There are 1,100,000 such families in California with about 600,000 children under ten years of age. In addition, 1,237,000 families have incomes between half of the State's median and about 80% of that median. These families may also need partial subsidy in order to place their children in safe and secure environments.

HOW MUCH MONEY DOES THE STATE APPROPRIATE FOR SUBSIDIZED CARE?

The Legislature appropriates about $255 million annually to the Department of Education to provide child care services to low-income families. Between 150,000 and 160,000 children receive service during the year--some in full-time care and some in part-time care. Since 1981, the use of federal funds for child care has been limited: only about $7 or $8 million of the 1984-85 appropriation is federal money.

In addition, almost $35 million is appropriated annually for the State Preschool program, a half-day program similar to Head Start: it operates during the school year and serves four-year-old children of low-income families.

WHAT IS THE AVERAGE DAILY COST FOR SUBSIDIZED CHILD CARE?

The reimbursement for care ranges between about $12 per day and $22 per day. The average cost is about $17 per day; most contracts fall below that average amount. The wide range reflects program variations, the age of the child, local conditions, and the post Proposition 13 replacement of lost local property-tax-override revenues with General Funds.

WHAT IS THE STATE'S ROLE IN SUBSIDIZED CHILD CARE?

All child care agencies are licensed by the Department of Social Services using Title 22 standards. In addition, the Education Code makes additional requirements of subsidized contractors. These contracts are monitored by Department of Education staff?

WHO IS ELIGIBLE FOR SUBSIDIZED CARE?

To enroll their children in subsidized care, families must meet either of these sets of criteria:

A. The child must be referred for care because he or she is abused, neglected, or at risk of abuse or neglect.
B. Parents must be working, in training, or looking for work, AND the family's income must be below 84% of the State median.

Once enrolled, families can remain in subsidized care (receiving partial subsidy on a sliding scale) until their income reaches the State median.

WHAT ARE THE PRIORITIES AMONG ELIGIBLE FAMILIES?

Because many more families are eligible for care than subsidies serve, each child care contracting agency keeps waiting lists: children referred by a protective service agency are given first priority. After them, families are ranked and enrolled by income: eligible families with the lowest per capita income are at the top of an agency's waiting list.

The scarcity of care and the priority mechanism combine to render a de facto limit on enrolling families: it is rare to have a family enroll in care unless its income is below 50 or 60% of the State's median.

WHAT ARE THE PARENT FEES?

*Families with incomes below 54% of the State's median pay no fee.
*Usually, families who receive AFDC or SSI/SSP benefits pay no fee.
*Families between 54% and 100% of the State median pay on a sliding scale that ranges from $0.50/day to about $12.00/day.
*Families with incomes above the State median are not eligible for subsidy, but can pay the full cost of the program for each child enrolled if there is space.

WHAT ARE THE CHILD CARE PROGRAMS THE STATE SUBSIDIZES?

Resource and Referral programs identify child care providers and maintain information for child care users: R and R agencies assist parents to locate care. They also help providers get started and provide resources to improve programs. The services are provided to all families regardless of income. (The total appropriation is about $7 million.)

General Child Care includes most programs administered by a range of agencies: public schools, private non-profit agencies, city and county governments, and private agencies. Most of it is care in centers which operate five days per week, year round. Networks of family day care providers are funded as well. (About $207 million.)

Campus Child Care includes centers on community colleges, state colleges and universities, and University of California campuses. These programs serve the children of eligible students. (About $10 million.)

Migrant Child Care programs tend to serve infants and preschool-age children who live in the State's migrant housing camps. A few are open year round and reach others besides the temporary camp residents. (About $8.5 million.)

School-Age Parenting and Infant Development (SAPID) programs serve the young children of high-school students and provide coursework in human development to high-school students as well. (About $6.5 million.)

Alternative Payment Programs offer a choice of care in licensed centers, in family day care homes, and sometimes in the child's own home, Parents select the care they believe best meets the child's individual needs. These programs often provide support services to parents and to providers, sometimes in cooperation with other community agencies. (About $25 million.)

WHAT GROUPS PARTICIPATE IN CHILD CARE POLICY FORMULATION?

Child Development Programs Advisory Committee is the State's statutory body for citizen review and participation in policy formulation. The Committee meets monthly and is comprised of twenty Governor's appointees and five departmental representatives. The Committee advises the Legislature, the Governor, the Superintendent of Public Instruction, and department heads as appropriate. It is also called the Governor's Advisory Committee (GAC).

California Children's Lobby is a non-profit group that examines public policy effecting children in state government. It employs a lobbyist in the state capitol and is guided by a Board of Directors.

California Association for the Education of Young Children is a professional organization of teachers, students, administrators and other professionals in fields concerned with children. Its Public Policy committee frequently provides information or testimony to the Legislature.

On the Capitol Doorstep is a monthly newsletter published in Sacramento which reports on all legislation dealing with children. It also includes brief analyses of significant legislation, and it reports on upcoming hearings, on recent publications and on conferences.

Associations of providers also participate in the legislative and budget process; these include the California Child Development Administrators Association, family day care associations, and other organizations of similar programs.

GLOSSARY

ALTERNATIVE PAYMENT refers to funds available to purchase child care from any licensed facility chosen by a parent who is eligible for subsidized care. Alternative Payment programs are frequently operated with Resource and Referral agencies.

AT-RISK CHILDREN are children at risk of abuse, neglect or exploitation who are identified as such in a written referral from a legal, medical, or social services agency.

CHILD ABUSE refers specifically to an act by a parent or caretaker which is not accidental and harms or threatens to harm a child's physical or mental health or welfare.

CHILD CARE CENTERdefines an arrangement which is performed in a facility which is usually not a family residence and which is specifically designed for the purpose of providing child care. A day care center may serve any number of children but usually serves 13 or more for less than 24 hours in any one day. May also be referred to as DAY CARE CENTER.

CHILD NEGLECTrefers to an act of omission, specifically the failure of a parent or other person legally responsible for a child's welfare to provide for the child's basic needs and proper level of care with respect to food, clothing, shelter, hygiene, medical attention, or supervision.

CPS, called both Child Welfare Services and Child Protective Services, provides protective or remedial activities on behalf of children (under 18) who are harmed or threatened with harm as a result of abuse, neglect, or exploitation.

DSS stands for the Department of Social Services which manages California's integrated social service and income maintenance programs. The department is organized into eight divisions, each headed by a deputy director. The divisions are: administration, legal affairs, welfare programs operations, centralized delivery system, adult and family services, community care licensing, planning and review, and disability evaluation. The department has one chief deputy director.

FAMILY CHILD CARE SATELLITE PROGRAMS are clusters of family day care homes with centralized activities which may include information and referral, group purchasing, administration, fiscal procedures, and training or other activities. Such programs may be associated with child care center sites. They are also known as "Family Child Care Networks".

FAMILY DAY CARE HOME - A child care arrangement in which up to six children are cared for in the home of the caregiver. Preschool children of the caregiver are counted as part of the group being served. State licensing regulations determine the maximum number of children who can be in a family day care home. A Large Family Day Care Home refers to an arrangement in which a provider cares for

from seven to twelve children, usually with an assistant (or assistants) present.

PARENTS ANONYMOUS - Self-help group for parents who want to stop physical, psychological, sexual, or verbal abuse of their children. Because members do not need to reveal their full names, they feel free to share concerns and provide mutual support. Members are accountable to the group for their behavior toward their children, and the group functions like a family in supporting members' efforts to change.

RESOURCE AND REFERRAL AGENCIES (R and Rs) are located in almost all areas of the state. R and R staff identify existing child care providers and maintain an information and referral service for child care users: they coordinate community resources for the parents and providers, assist in community child care planning, and frequently operate alternative payment programs. The services are provided to all families regardless of income. These offices are state-funded.

RESPITE CHILD CARE means child care services provided for less than 24 hours per day, to assist families whose children have been identified through referral being neglected, abused, or at risk of being neglected or abused.

SDE is the State Department of Education. This department administers state operations in the public school system, the State Library, state special schools, and administers state support to local school districts for such programs as school improvement and disadvantaged youth. The Department is administered by the State Superintendent of Public Instruction, a statewide elective office, and the State Board of Education.

SENATE BILL 14 (SB 14), by Senator Presley, restructured the system of services to abused, neglected or abandoned children to emphasize reunifying the family when safe for the child,and when unsafe to provide child with stable, long-term care, such as adoption, guardianship or foster care.

SUBSIDIZED CHILD CARE is available for families with incomes below 80% of the State's average and families on public assistance.

SUPPORT SERVICES means those services which, when combined with child care and development services, help promote the healthy physical, mental, social, and emotional growth of children. Support services include, but are not limited to: protective services, parent training, provider and staff training, transportation, parent and child counseling, child development, resource and referral services, and child placement counselling.

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